. :		taj " - ••• • - •••		Application or Docket Number								
	PATENT	APPLICATIO Effec		09/420877								
			SMALLE TYPE [NTITY	OR	OTHER THAN OR SMALL ENTITY						
TO	TAL CLÁIMS							RATE	FEE	7	RATE	FEE
FC	or .		NUMBER	FILED	NUMBER EXTRA			BASIC FE	385.00	OR	BASIC FEE	770.00
TC	TAL CHARGE	ABLE CLAIMS	mi	nus 20=	•			XS 9=		OR	X\$18=	
INE	EPENDENT C	LAIMS	m	inus 3 =	*			X43=		OR	X86=	
ML	ILTIPLE DEPE	NDENT CLAIM P	RESENT					+145=		OR	+290=	
• If	the difference		TOTAL		J :	TOTAL						
	C			L] 0	OTHER	THAN					
CLAIMS AS AMENDED - PART II 8-3-05 (Column 1) (Column 2) (Column 3)								SMALL		OR	SMALL	ENTITY
AMENDMENT AC		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID F	BER OUSLY	PRESENT		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
DME	Total	. 20	Minus	 >	0	= /		X\$ 9=		OR	_X\$18=	
MEN	Independent	• 3	Minus	***	3	=		X43=	-	OR	X86=	1 1174
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=	
				L	TOTAL			TOTAL ADDIT, FEE				
		(Column 1)		, ,	DDIT. FEE	<u> </u>	,	ADDII. PEEI				
MENT BIY		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	** 0	70	=		X\$. 9=.		OR	X\$18=	
AMENDN	Independent	*	Minus	***	3	=		X43=		OR	X86=	,
	FIRST PRESE	NTATION OF MU		1	+145=		OR	+290=				
							نـا ۵۲	TOTAL		OR :	TOTAL ADDIT. FEE	
		(Column 1)		~.	JOH FEC.							
AMENDMENT &T		CLAIMS REMAINING AFTER A' ENDMENT		(Colum HIGHE NUME PREVIO	ST BER USLY	PRESENT EXTRA		RATE'	ADDI- TIONAL FEE		RATE"	ADDI- TIONAL FEE
	Total	•	Minus	44		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=_		OR	X86=	
٩	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM	<u> </u>	\	+145=		OR	+290=	7 HIULVII
• 1	f the entry in colu	mn 1 is less than th	L	TOTAL		OΒ. F	TOTAL					
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												
	i ne "Hignest Nuff	Der Freviously Pau	uror (tocaso)	поерепае	ny is the	INVICES INTIDE	, 1001R	- ar are early	· · · · · · · · · · · · · · · · · · ·	:	•	

The state of the s

					Application or Docket Number											
	PATENT	RD	PD 09/420877													
CLAIMS AS FILED - PART I (Column 1) (Column 2)										SMALL ENTITY TYPE - OR				OTHER THAN SMALL ENTITY		
F	OR		NUMB	ER FILE)	NUMBER	EXTRA	1	RATE	FE	E)	R	ATE	FEE		
B	ASIC FEE									380	.00	R		760.00		
TOTAL CLAIMS			1.	() min	13 50=	• -			X\$ 9=		٦,	R X	18=			
<u> </u>	DEPENDENT C		<u> </u>		us 3 =	·		Н	X39=			A X	78=			
_	MULTIPLE DEPENDENT CLAIM PRESENT								+130=			R +2	:60=			
• 11	* if the difference in column 1 is less than zero, enter "0" in column 2									TOTAL			TAL	748		
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)									L ENTIT	_	OTHER THAN SMALL ENTITY				
AMENDMENT A		REMA	NMS NNING TER DWENT		PI	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADD TION FE	AL	P.	ATE	ADDI- TIONAL FEE		
	Total		<u> </u>	Minus		20	=		X\$ 9=		o	a X	18=			
₹	Independent	*	U NOE W	Minus	*EDEX#		1		X39=		0	R X	78=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+130=		01	+2	60=			
	·								ADDIT, FEE OR				IOIAL T. FEE			
	(Column 1) (Column 2) (Column 3)								0011. FE				ı. ree			
AMENDIENT B		REM	UMS UNING TER OMENT		PE	HIGHEST NUMBER TEVIOUSLY PAID FOR	PRESENT EXTRA		.RATE.	ADD TION FEE	AL	.RV	NTE .	ADDI- TIONAL FEE		
NOK	Total	• ≪	0_	Minus	**	20	•	4	X\$ 9=		OF	XS	18=			
A	Independent	NTATIO	Mirrus ••• 3 •• N OF MULTIPLE DEPENDENT CLAIM						X39=		OF	X7	'8 -			
		2012110	VOI NA	DET IP CE U		EN CENM			+130=		OF	+20	50=			
								A	TOTAL DOIT, FEE		OF		OTAL T. FEE			
		(Colu				olumn 2)	(Column 3)									
AMENDMENT C		CLA REMA AFI AMENIC	NING ER	,	PR	HIGHEST HUMBER EVIOUSLY HID FOR	PRESENT EXTRA		RATE	ADDI TIONA FEE	L	RA	TE	ADDI: TIONAL FEE		
	Total	• _	20	Minus	**	20	-	Γ	X\$ 9=		ОЯ	X\$	18=			
₹	Independent	MTATIO	> 10E ***	Minus	SOE NO	3	-/		X39=	1	OR		8=			
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										-1					
÷ 6	ं तो प्रीक्ष स्थान के उत्पेत्रका 1 is less than the entry in column 2, write "O" in column 3. If the "Highest Number Proviously Paid For" IN THIS SPACE is less than 20, enter "20."									-	OR	ــــــــــــــــــــــــــــــــــــــ				
_	THE Princest Nur	nber Prev	loualy Pa	Ma For IN T	his spa	CE is less that	3. anter "3"	~	TOTAL DIT. FEE	<u> </u>	_JOR	AUGH, PEEL				
	he Tilghest Num	uer PTOVK	usy Pek	ror (Total	or indep	encent) is the	highest number	found	in the ap	propriate	box in o	olumn 1	•			